

## PART B—ISSUE FEE TRANSMITTAL

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## 1. CORRESPONDENCE ADDRESS

15M1/0221

SM OFFICE OF INTELLECTUAL PROP. COUNSEL  
P.O. BOX 33427  
ST. PAUL, MN 55133-3427

## 2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and ZIP Code

CO-INVENTOR'S NAME

Street Address

City, State and ZIP Code

☐ Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.

FILING DATE

TOTAL CLAIMS

EXAMINER AND GROUP ART UNIT

DATE MAILED

08/086,820

07/02/93

029

BENSTON JR, W

1502

02/21/95

First Named  
Applicant

PUREWAL,

TARLOCHAN S.

TITLE OF  
INVENTION MEDICINAL AEROSOL FORMULATIONS

ATTY'S DOCKET NO.

CLASS-SUBCLASS

BATCH NO.

APPLN. TYPE

SMALL ENTITY

FEE DUE

DATE DUE

1

43853USA1D

424-045.000

J05

UTILITY

NO

\$1210.00

05/22/95

## 3. Correspondence address change (Complete only if there is a change)

Douglas E. Reedich  
3M Office of Intellectual Property Counsel  
P.O. Box 33427  
St. Paul, MN 55133-3427

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 Gary L. Griswold  
2 Walter N. Kirn  
3 Douglas E. Reedich

DO NOT USE THIS SPACE

040 AW 05/30/95 08086820

1 142

1,210.00 CK

## 5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (Print or type)

1 561

30.00 CK

## (1) NAME OF ASSIGNEE:

RIKER LABORATORIES, INC.

## (2) ADDRESS: (CITY &amp; STATE OR COUNTRY)

St. Paul, Minnesota

## 6a. The following fees are enclosed:

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(ENCLOSE PART C)

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The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

Douglas E. Reedich, Reg. No. 33,999

(Date)

15Mcy1995

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I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

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Douglas E. Reedich  
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15 May 1995  
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